

# Read & Go- Last Ride to Graceland Raleigh, NC

Tuesday, September 26, 2017

Are you an Elvis fan? What if you thought Elvis might be your father? Did you read "Last Ride to Graceland" by Kim Wright? You don't want to miss this one. Put on your dancing shoes and join us for a fun and entertaining day. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 10:15am.

We will be traveling to a secret location in Raleigh, NC. This trip is everything Elvis. There will be a delicious catered lunch of some of Elvis's favorite foods, fried chicken, tomato fritters, grilled banana/peanut butter sandwiches and much more. We will have a wonderful performance of some of the Elvis favorites by Wayne Euliss, an Elvis tribute artist. Wayne has a "Dead-On" Elvis voice. He also bears an amazing likeness to Elvis in looks and stage presence. His costumes are made by B & K Costume Company, the official costume provider to Elvis Presley Enterprises. And yes it's his hair and sideburns, nothing fake here. Once you calm down from the show "Elvis" will talk with you and sign autographs. The author, Kim Wright, will be joining us for the day. She will discuss the book and answer some of your questions. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 3:30pm.

You do not have to read this book to go on this trip, however it does enhance the trip experience. The book discussion for Last Ride to Graceland is August 28th at the Anne Gordon Center, 1pm. Preregistration is highly encouraged #203518

### **Price:**

\$49.00 City of Raleigh Resident

\$64.00 Non-City of Raleigh Resident

#### **Price Includes:**

Transportation via department bus, Kim Wright the author's talk, Cantered Elvis food lunch and Elvis performance. All other purchases are on your own.

## **Patron Expectations:**

This trip has a low volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

## **Cancellation Policy:**

Cancellations must be made in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

## To register return the bottom portion of the back page with payment to:

Anne Gordon Center for Active Adults 1901 Spring Forest Road Raleigh, NC 27615

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink #215766



Five Point Center 919-996-4730

Anne Gordon Center 919-996-4720

Walnut Terrace Center 919-996-6160



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Make checks payable to: City of Raleigh

To Register: Complete the form below and return with full payment to:

Anne Gordon Center for Active Adults

Adult Program

1901 Spring Forest Road Raleigh, NC 27615

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink #215766

For Additional Information Contact: Adult Program Staff at 919-996-4730 or 919-996-4720

#### Keep top portion for your records

#### Raleigh, NC Tuesday, September 26, 2017

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

Signature of participant	SIGNATURE		SIGNATURE		
Date signed	DATE				
I understand that there is	no one-on-one assistance	provided by Ral	leigh PRCR Adult Program Staff	Initial	INITIALS
Name of Participant			Name of Participant		
Address		City	State	Zip Co	de
Telephone		Email:			
Emergency Contact	Prir	mary Phone	Secondary Ph	none	

NON-DISCRIMINATION POLICY: The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):

Office use:		
	Staff Initials	Date